



KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE

ADMINISTRATIVE BOARD

BOARD PLANNING RETREAT MINUTES

NOVEMBER 15, 2005

Members Present: Linda Brown, Joan Clement, Nancy Code, Michelle Di Miscio, Dan Foley, Roger Goodman, Jenna Henderson, Larry Hill, Tim King, Mary Alice Knotts, Yasmin Smith

Members Absent: Dana Boales, (excused), Narayan Gangadhar (unexcused)

Staff Present: Rhoda Naguit, Jim Vollendroff

The planning retreat of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) was held at the Dutch Shisler Sobering Service Center, 1930 Boren Avenue in Seattle. Dinner was served while the “Voices of Recovery” video was shown at 4:30 p.m.

I. Comments on “Voices of Recovery” Video

This video, developed as a part of the Spotlight on Recovery and Reducing Stigma projects, is being widely used in King County to educate the public about recovery. The Board found the video well done, inspiring, and educational and commended the individuals and groups involved in the production.

While discussing the video a Board member for whom AA has been an important part of the recovery process raised the question of why AA was not identified in the video. Jim Vollendroff said this video was intended to have an inclusive focus on recovery rather than specific service/treatment programs. A treatment-focused video is in production. The second video will highlight treatment approaches, access to treatment, and experiences individuals have with treatment.

II. Senate Bill 5763: The Hargrove Bill Potential Impact on Substance Abuse Service

The Hargrove Bill passed in the last legislative session has a number of provisions that direction impact the delivery of substance abuse and mental health services across the state and at the local level. Amnon Shoenfeld, Division Director of Mental Health, Chemical Abuse and Dependency Services Division, reviewed the parts of the Bill that most directly affect CD and MH services and discussed the

challenges the Division faces in complying with the provisions of the Bill. Copies of the relevant provisions of the Bill were distributed. The discussion is briefly summarized below.

- **Part 1 Section 101 –Legislative Intent.** This section succinctly outlines the specific goals of the Bill and identifies priority populations for both CD and MH services. Decreasing the separations between MH and CD services and addressing the needs of individuals with co-occurring disorders (COD) is a major focus of the Bill. Among the 11 specific intentions of the Bill are calls for expanded access to treatment and for evidence and consensus-based treatment practices. The Bill states that the intentions are to be implemented “to the extent of available funding.” Board members are encouraged to become familiar with the priorities stated in Section 101.
- **Section 103 –Integrated CD and MH Screening and Assessment.** Consistent with the priority on services to individuals with COD, the Bill mandates an integrated comprehensive screening and assessment process for chemical dependency and mental disorders to be operational statewide by January 2007. A broadly representational group of stakeholders has been convened to guide implementation of this requirement. Technical assistance from national experts has been provided. The stakeholder group has identified the GAIN SS, a short version of the GAIN, as the **screening** tool of choice. Several Counties, including King, will pilot use of the GAIN SS. The stakeholders group continues to work on identifying/developing the **assessment process** that will be used across the State.

There has been some confusion across the State about the requirement for a specific assessment tool. Amnon and Jim clarified that the Bill requires use of a single screening tool but not a single assessment tool. The assessment process must be standardized to ensure consistent, comparable data statewide but the specific tool used to generate the data may vary with local choice of instruments.

Amnon stated that statewide acceptance of a single screening tool may be a challenge. Training for the use of the GAIN SS will be an important issue. King County has a head start in implementing the GAIN SS since the youth providers have been using the GAIN for the last year.

- **Part II Section 203—Integrated/Combined Crisis Response and Involuntary Treatment Pilot Programs.** Again reflecting the emphasis on better integration of CD and MH services, the Bill calls for 2 pilot projects in the State that will model and test integrating CD and MH crisis response and involuntary treatment programs. The involuntary treatment program must include a secure detox component. Statewide RFPs were issued for the pilot programs that will start in March 2006. King County did not submit a proposal for several reasons. A major factor in the decision was the fact that the County does not have a secure detox

facility and funding for the pilot was not sufficient to cover the development costs. Pierce and Snohomish counties were selected for the pilot projects. If this pilot project is successful, the model could be implemented statewide.

- **Section 204: Designated Crisis Responder.** Board members had a number of questions about potential changes an integrated crisis response approach might bring to the evaluation and involuntary commitment process. The credentials of the proposed crisis responder responsible for both MH and CD involuntary commitments were an area of concern. The Bill is somewhat vague about the required credentials. The Board strongly recommends that the education, experience and expertise currently required for CDPs who manage the involuntary commitment process be continued in the proposed crisis responder position.
- **Sections 207-214: Definitions of Requirements of Involuntary Treatment Process.** These sections detail the new integrated involuntary treatment processes. The Board asked for information about some specific aspects of involuntary treatment. The current process includes a 72-hour hold for evaluation and the possibility for a 14-day involuntary commitment in a secured detox facility. Involuntary commitment is rarely used in King County for several reasons. Most individuals who are likely to be involuntarily committed elect to enter on a voluntary basis. It will be interesting to look at the findings of the two-year pilot projects in Pierce and Snohomish counties.
- **Part III Section 301: Treatment Gap.** Current funding provides services for approximately 20% of those calculated to need treatment. The Bill mandates that in fiscal year 2006 treatment capacity increase to serve 40% of the calculated need with an addition 20% increase in capacity mandated for fiscal year 2007. The Division has received treatment expansion funding from DASA to provide treatment for more Medicaid clients. The ability to meet treatment gap reduction requirements will depend on adequate funding.

Board member Michelle DiMiscio expressed concern about barriers to available treatment for some groups. For example, Hispanic/Latino clients are unable to access funded treatment due to lack of competent bi-lingual staff in some agencies.

- **Part V Forensic and Correctional.** The sections in this part of the Bill address requirements and characteristics of therapeutic courts including Mental Health and Drug Courts. King County has well-established MH and Drug Court programs.
- **Section 505 Regional Jails.** This section authorizes a JLARC study to explore the feasibility of creating a regional “therapeutic jail” that would manage incarceration of individuals in therapeutic court programs. If such a facility were

located in King County it would have significant implications for the County treatment system. The Division has written a letter to the County Council Law, Justice and Human Services Committee expressing concern about these issues.

- **Section 506 – Competency and Criminal Insanity Evaluations.** The waiting time for a competency evaluation at Western State Hospital is 60 days. This section directs DSHS to report to the legislature on ways to reduce the waiting time and make the process more efficient. The goal is to reduce the time individuals spend in jail waiting for evaluation. This is an issue for the use of King County jail.
- **Part VI Best Practices and Collaboration Section 603 Evidence Based Practice.** This section, vetoed by the Governor, defined components of evidence based practice and specified criteria for developing a matrix of evidence based practices to be used across the State. There remains, however, a strong emphasis on the use of best practices in treatment program development and implementation. King County has a long history of promoting evidence-based practice that is strongly supported by the Board.
- **Part VIII Section 804 County Taxing Authority.** This section allows a County Legislative Authority (the County Council) to impose a one-tenth of one percent sales tax that can be used solely for new or expanded CD or MH treatment programs or therapeutic court programs. Jefferson and Spokane Counties have authorized the increased sales tax. Such authorization in King County would generate approximately \$41m for the CD and MH systems. Although no immediate action by the County Council is anticipated, this is an important potential source of funding that the Board may wish to advocate for in the future.

The Board thanked Amnon for his informative and useful presentation.

III. CD Performance Indicator Report

Board members had received a copy of the report prior to the meeting and the time was used for an open discussion of the report. The Board thanked Jim for the continued development of the Report that has been a very useful tool for the Board in assessing the system at 6-month intervals. (The Report is done quarterly on a biennial basis.) Jim reviewed some changes in the structure of the Report, especially in the way prevention data are reported. The discussion is summarized below.

Prevention: Linda asked what had increased the number of youth participating in multi-session prevention programs. (see graph on p. 3) Jim referred the question to Sharon Toquino who will be reporting on prevention program at the January Board meeting.

ESP/Sobering Center: (Page 8) The Board found the data on ESP services useful and interesting. The readmission rate continues to be high. Eight percent of the individuals served account for 65% of admissions. Native Americans continue to be

disproportionately represented among users of ESP and the Sobering Center. These data reinforce the need for a more effective range of services for Native Americans. Services for the high-utilizer Native Americans at the Sobering Center have been a concern of the Division and the Board for a long time. Unfortunately, the grant for a targeted service program for Native Americans submitted by the Indian Health Board and the Division was not funded. The 1811 Eastlake facility, opening in December, will provide case management and housing for high utilizers of the Sobering Center and this group includes many Native Americans.

Mary Alice Knotts highlighted the issue of culturally appropriate services for Native Americans. Mary Alice feels that counselors who are not culturally sensitive to Native American issues create barriers to engagement in treatment. She also identified the lack of culturally appropriate housing as a problem. Some common housing rules, i.e. the number of guests allowed and the time guests can remain, are important issues for Native Americans who have a strong tradition of sharing housing with family and friends. Tim King acknowledged these issues but pointed out that there are tribal and individual differences among Native American groups and that compromises are necessary by treatment/residential programs and individuals.

Detoxification Services: (Page 10) Use of detox services increased this quarter. Although Native Americans disproportionately use the Sobering Center, they are not well represented among those who use detox. Why are NAs less likely to enter detox?

Linda asked about the pattern of referrals on discharge from Detox (page 11). Most of the reported referrals are to self-help programs vs. treatment. Jim said this might be an artifact of how referrals are reported and will explore this question.

Michelle DiMiscio stated that language is a barrier to non-English speaking Latinos who need detox services and asked if the Division could require agencies to provide interpreters for non-English speaking clients. Jim said that agencies are required to provide interpreters. The idea of a bilingual roving case manager was discussed as one approach to this problem.

Involuntary Commitment Services: (Page 12) Board members asked how many involuntary commitment evaluations were done and noted that the number of in-patient admissions at Pioneer Center North compared to the number of referrals to Involuntary Commitment Services seems very low. There are a number of issues and problems with involuntary commitment in King County. An examination of Involuntary Committee Services will be a priority in 2006.

Assessment Center: (Page 13) Joan raised the question of how efficiently the Assessment Center is functioning in getting individuals into treatment, a concern that was expressed by a number of other Board members. Staff vacancies have had some impact on the efficiency of the AC. The AC no longer has a contract for TANF assessments and this change will have a financial impact. Pierce and Snohomish

Counties no longer have a centralized assessment center. The Board asked how this approach is working in Pierce and Snohomish Counties and wondered if King County should consider this change if it is working well in the other counties. The Board would like to consider this issue more closely in 2006.

Treatment Completion Rates: (Page 18) While providers vary in their treatment completion rate, overall they are doing well with treatment completion. The new State contract treatment completion rate for King County is 48% while the present County rate is 44%. Contract monitors will work closely with providers to identify issues and barriers related to treatment completion.

In the interest of time, the decision was made to move to the next agenda item. Jim asked the Board to continue to review the Report. Further questions about the Performance Indicator Report can be discussed with Jim or in the December Board meeting.

IV. ESP/Sobering Center Report

Patrick Vanzo led a workgroup, made up of a broad representation of stakeholders, charged with examining ESP/Sobering Center services in light of recent and coming changes in the service system. Among the important changes are the Access to Recovery Program and the anticipated opening of 1811 Eastlake facility. The workgroup was asked to make recommendations for ways the ESP/Sobering Center might change/refocus to take advantage of these resources. The Board had received copies of the report and the discussion focused on the report and next steps.

The report emphasized the fact that the population served is chronic public inebriates who are largely homeless and who have different services needs and anticipated service/treatment outcomes than typical clients in the treatment system. There is concern that some public officials do not understand the characteristics and needs of this population and have unrealistic outcome expectations. The stakeholder group submitted recommendations in 5 categories including (1) direct services, (2) systems design, (3) housing and homelessness, (4) data collection, analysis and application to practice, and (5) employment and job training.

Jim commended Patrick and the workgroup for their careful consideration of the issues and told the Board that the recommendations were very useful in moving ahead with rethinking ESP/Sobering Center services in the context on new resources. Jim, with others, has started working to provide public officials more information about the population served by ESP/Sobering Center, the services provided, realistic outcomes, and plans to integrate the new resources to improve outcomes. He is working with Bill Block, Project Director of the Ten-Year Plan to End Homelessness Project, to link the stakeholders' recommendations more closely to the Ten-Year plan. City of Seattle contributions to the funding for the ESP/Sobering Center are solid until 2006. The Board will follow progress on this endeavor as a regular Board meeting agenda item.

Jim will ask Bill Block to do presentation on Ten-Year Plan to End Homelessness in January 2006.

V. Legislative Forum

Roger Goodman reviewed the agenda for the Legislative Forum and emphasized the importance of getting the legislators to attend. The Forum will be on December 8 from 6:30-8:30 at St. Mark's Cathedral. NAMI is coordinating this forum again this year. Ron Sims will do the welcoming remarks. Four people who have been helped by the MH and CD systems will make brief presentations followed by a presentation of the Mental Health and Chemical Dependency legislative priorities. There will then be a roundtable discussion with legislators about their responses to the legislative priorities and their general expectation of this session.

Rhoda Naguit will email the Board a list of local legislators by legislative district with phone numbers to facilitate the phone calls. Board members are asked to contact the legislators from their district urging them to attend.

VI. Reclaiming Futures Project

This agenda item was deferred to the December Board meeting.

VII. Other Issues/Announcements

Change of Board Meeting Time and Place: Effective January 2006, the regular board meeting will be held on the **first Thursday of the month at 12 noon-1:30pm. The meeting venue for January and February will be at Safeco Jackson Street Center, 306 23rd Avenue S., Seattle (206) 545-6111.**

Change at DASA: Ken Stark is leaving as the Director of DASA to lead the Mental Health Transformation Grant project. This project is charged with moving the State mental health system into a recovery-based service model. Doug Allen will serve as interim Director of DASA during a national search to fill the Director position.

Changes in Staff Assignments: Jim announced the following staff changes. Mike Elsner will replace Jodi Riley-Kauer as leader of the contract monitoring team. Jodi will assume responsibility for developing a Medicaid policy implementation plan.

Kent Detox Facility Closing: Jim announced that KCKC is closing the Kent Recovery Center at the end of November. In spite of the efforts made by RCKC during the last year, the occupancy rate has not been high enough to sustain the cost of keeping the facility open. Pat Knox asked that Board members call her with any questions about the RCKC decision to close the program. The Board expressed regret at losing a resource

in South King County. There is a possibility that the combined Pierce-King County co-occurring disorder residential program now in the RFP process may be able to use the existing facility.

1811 Eastlake Project Opening: Downtown Emergency Services Center will host the grand opening, ribbon cutting ceremony of the 1811 Eastlake facility on Thursday, 15 December. At the 1811 facility DESC will work closely with the Sobering Center to provide housing and support services including case management for individuals who have been very difficult to place in stable housing. Rhoda will email information about this event.

King County Bar Association Conference: KCBA is sponsoring a 2-day conference, December 1-2, in Seattle focused on legal reform as an exit strategy for the war on drugs. National and international experts on drug policy will be among the presenters. Board members who are interested in attending should contact Roger Goodman.

Spirit of Healing Support Group: Michelle DiMiscio announced the availability of a new support group, the Spirit of Healing, sponsored by People of Color Against AIDS Network (POCAAN). The group, started on 8 November, meets every Tuesday from 4:00pm to 6:00pm at POCAAN, 2200 Rainier Avenue S., Seattle. Referrals are invited.

Board Appreciation: Jim presented each Board member with a copy of "A Million Little Pieces" as a token of appreciation for their services. This is a compelling autobiography of recovery.

The meeting was adjourned 8:05 p.m.

Prepared by:

Rhoda A. Naguit
Recording Secretary

Attested by:

Linda Brown
Board Chair